

FILED OCT 28 1957

STANDARD CERTIFICATE OF DEATH

35504
STATE FILE NUMBER

2000

Registration District No. 128

Primary Registration District No.

Registrar's No. 1008-A

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		c. CITY OR TOWN Springfield	
c. FULL NAME OF (If not in hospital, give location) Burge Hospital		d. STREET ADDRESS (If outside, give location) 1725 N. Fremont	
3. NAME OF DECEASED (Type or print) GREGORY BLAINE SILVEY		4. DATE OF DEATH Month 10 Day 17 Year 57	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-17-57
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD		11. BIRTHPLACE (City and state or country) SPRINGFIELD MO	
10b. KIND OF BUSINESS OR INDUSTRY CHILD		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME L.D. SILVEY		13b. MOTHER'S MAIDEN NAME LOIS MORRIS	
14. NAME OF HUSBAND OR WIFE →		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give dates of service) NO	
16. SOCIAL SECURITY NO. NO		17. INFORMANT L.D. SILVEY 1725 N. Fremont Springfield MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atelectasis DUE TO (b) Pneumonia (not by dates) DUE TO (c) Small Pleuritis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7625			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5:45 p.m. Month, Day, Year Oct 17, 1957		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Springfield	
20g. COUNTY Greene		20h. STATE MO	
21. I attended the deceased from Oct 17, 1957 to Oct 17, 1957 and last saw her alive on Oct 17, 1957 Death occurred at 5:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert Bugman M.D.		22b. ADDRESS 609 Cherry Springfield	
22c. DATE SIGNED 10-19-57		22d. DATE SIGNED 10-19-57	
23a. BURIAL, CREMATION, or other disposition of body BURIAL		23b. DATE 10-19-57	
23c. NAME OF CEMETERY OR CREMATORY SEYMOUR		23d. LOCATION (city, town, or county) (State) Webster Co MO	
24. FUNERAL DIRECTOR Robert Bugman Seymour MO		25. DATE RECD. BY LOCAL REG. 10-22-57	
26. REGISTRAR'S SIGNATURE Edith Williamson			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed Max L. Miller

Licensed Embalmer No. 4720

P. O. Address Manfield M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.